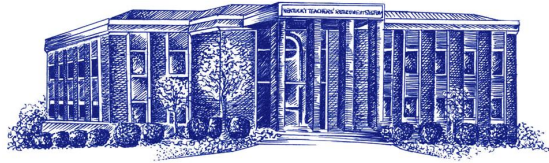


TEACHERS' RETIREMENT SYSTEM OF KENTUCKY

GARY L. HARBIN, CPA
Executive Secretary
502/848-8500



SERVING KENTUCKY TEACHERS SINCE 1940

ROBERT B. BARNES, JD
Deputy Executive Secretary
Operations and General Counsel

J. ERIC WAMPLER, JD
Deputy Executive Secretary
Finance and Administration

MEMORANDUM

TO: KTRS Retirees

FROM: KTRS Insurance Department

RE: **Adding Dependents**

Outside of open enrollment, retirees may be allowed to add a spouse and/or dependents to their plan ***IF a qualifying event has occurred and the required application/form is signed within 35 days.*** Please see the attached Qualifying Event (QE) chart.

If a qualifying event has occurred, you should complete the attached "Dependent ADD Form" and return it **with the required documentation** (see QE Chart). If documentation is required and not provided, your application cannot be processed. Please review the chart and sign the application appropriately to avoid double coverage or a lapse in coverage. The application must be signed no later than 35 days from the qualifying event.

NOTE: If your qualifying event allows you to change your Option (Standard PPO, Capitol Choice, Optimum PPO), and you desire to do so, you must download an ***application*** instead of an Add Form.

If you have any questions, please contact this office.

3-1-2010

QUALIFYING EVENT (QE) CHART WITH DOCUMENTATION REQUIREMENTS TO ADD/ENROLL				Rev 11/09
Event	Event Description	FORM REQUIRED	DOCUMENTATION REQUIRED	Effective Date
Change in Legal Marital Status				
Marriage	Add retiree and/or spouse and dependents (1)(5)(11)(12)	Insurance application (for retiree) OR ADD Form (SP or Dep)	None	1st day 1st month following the employee signature date
Divorce, Legal separation, annulment	Add retiree and dependents (1) if event causes loss of coverage under spouse's plan (1)(5)(10)(11)(12)	Insurance application (for retiree) OR ADD Form (SP or Dep)	Proof of loss of other coverage (13)	1st day 1st month following the employee signature date
Spouse's death	Add retiree and any dependent who loses coverage under spouse's plan (1)(5)(10)(11)(12)	Insurance application (for retiree) OR ADD Form (SP or Dep)	Proof of loss of other coverage (13)	1st day 1st month following the employee signature date
Change in Number of Dependents				
Birth	Add retiree and/or spouse and/or other dependents (1)(10)(11)(12)	Insurance application (for retiree) OR ADD Form (SP or Dep)	None	Date of event
Adoption or placement for adoption (10)	Add retiree and/or spouse and/or other dependents (1)(10)(11)(12)	Insurance application (for retiree) OR ADD Form (SP or Dep)	Papers from the Cabinet for Families & Children; OR signed and date-stamped "filed" papers from the Court; OR letter from adoption agency on letterhead; OR legal document from a US Court; OR official document translated into English	Date of event
Judgement, decree or administrative order relating to health coverage for a child	Add child if required under order (10)(11)(12)	ADD Form	- Adding a grandchild requires guardianship or custody papers - Adding a foster child requires placement papers from Cabinet for Families & Children OR a filed and dated court decree OR National Medical Support Notice	1st day 1st month following the employee signature date
Change in Spouse or Dependent Employment Status (Dependent must continue to meet all eligibility requirements)				
Spouse or Dependent loses other Employer-Sponsored Group Health Coverage (termination of employment, strike or lockout, commencement of unpaid leave, loss of eligibility under employer's plan, etc.)	Add retiree, spouse, and dependents (1) if event adversely affects eligibility for coverage under spouse's or dependent's health plan (5)(10)(11)(12)	Insurance application (for retiree) OR ADD Form (SP or Dep)	Documentation of loss of coverage (13)	1st day 1st month following the employee signature date
Other change in spouse's or dependent's employment status that causes spouse or dependent to cease to be eligible for coverage under spouse's or dependent's plan (i.e. switch from salaried to hourly status)	Add retiree, spouse, and dependent (1)(5)(10)(11)(12)	Insurance application (for retiree) OR ADD Form (SP or Dep)	Documentation of loss of coverage (13)	1st day 1st month following the employee signature date

Change in Residence				
Retiree, spouse, or dependent changes primary (6) residence and becomes eligible for KEHP	Enroll retiree, spouse, and dependent	Insurance Application	None	1st day 1st month following the employee signature date
Other Events				
Loss of other (group, individual, short-term, student) health insurance coverage (not self-terminated) that entitles employee or family member to be enrolled under HIPAA	Add retiree (1)(10)(11)(12)	Insurance Application	HIPAA certificate of prior coverage OR Letter typed on agency letterhead OR Letter from insurance company identifying the coverage termination date (13) and persons covered by the policy (14)	1st day 1st month following the employee signature date
Retiree, spouse, or dependent loses entitlement to Medicare, Medicaid, KCHIP, any governmental group health insurance coverage	Commence or increase coverage of the retiree, spouse, or dependent (1)(5)(10)(11)(12)	Insurance application (for retiree) OR ADD Form (SP or Dep)	HIPAA certificate of prior coverage OR termination letter from government agency under which previous coverage was held	1st day 1st month following the employee signature date
Change in Coverage under Employer Plan				
Retiree or spouse makes elections during an open enrollment period that differs from the open enrollment of the employer (7)	Retiree can make election change that "corresponds" with open enrolment election (10)	Insurance Application OR ADD Form	Employer letter that identifies the open enrollment period dates, the effective date of coverage or termination, and the persons who will be dropped from the plan	1st day 1st month following the employee signature date

End Notes:

- (1) The final regulation preamble indicates that dependents who can be added are those who were directly affected by the status change event plus other dependents (the so-called "tag-along" rule). However, the examples in the regulation only explicitly deal with situations where an employee elects family coverage and adds family members at no additional cost. It is not clear, but IRS staff members have informally stated that the "tag-along" rule applies even if the employee must increase an election to add additional dependents. Also, the preamble and examples in the regulation indicate that the "tag-along" rule applies to HIPAA events and situations where a spouse terminates employment; it is not clear what other events might be covered by the "tag-along" rule.
- (5) For purposes of eligibility in this plan, a divorced dependent is not an "unmarried" dependent
- (6) Primary residence is the official residence claimed for tax purposes.
- (7) Military Insurance Coverage is considered "Another Employer Plan", however, Veteran's Administration (VA) benefits are **NOT** considered "Another Employer Plan".
- (10) Supporting documentation required.
- (11) HIPAA Special Enrollment Right.
- (12) Qualifying Event permits change in plan option (Standard, Capitol Choice, and Optimum). (Retiree must request an **application** instead of Add or Drop Form.)
- (13) Loss of Coverage letter (on letterhead) must state the date insurance terminates as well as list the name(s) of those losing coverage. Hand-written documentation will not be accepted.
- (14) Letter from insurance company should identify type of insurance coverage, reason for coverage ending, and persons who were covered by the policy. Hand-written documentation will not be accepted.
- (15) Letter from employer on company letterhead naming persons covered and the date insurance becomes effective **OR** copy of new health insurance identification card with same information. Hand-written documentation will not be accepted.

QUALIFYING EVENT FORMS SHOULD BE SIGNED WITHIN 35 DAYS OF THE QE
If coverage terminates mid-month, you cannot sign the enrollment/Add Form to begin before the termination

**479 Versailles Road
Frankfort, KY 40601
(502) 848-8500
(502) 573-0199 Fax**




This form must be used for any qualifying event (QE) that allows you to add dependents to your plan. *Complete an Enrollment Application for election changes such as option changes, new coverage, new waiver or to begin a cross-reference plan.*

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Company Number

To be eligible to add a dependent to your health insurance plan, you must certify that you have experienced the QE as listed here.  The QEs listed on this form are the only events that allow you to ADD dependents to your plan. To be considered an eligible dependent, your dependent MUST meet the eligibility requirements as set forth in the KEHP Handbook. Please check one of the conditions below:

- ☐ Your Legal Spouse; or
- ☐ Your unmarried child, stepchild, adopted/placed child or foster child under age 25* in which retiree is primarily responsible for dependent's maintenance and support: or meets Qualifying Child or Qualifying Relative definition as set forth in the KEHP Handbook or Benefits Selection Guide. **(Exception to the residency requirement: Court Orders and Administrative Orders to provide health coverage for a qualifying child.)**
- ☐ Your grandchild who meets the requirements listed above and for whom you have a court order or administrative order.

Ex: Event on 6/17, ADD Form signed 6/20, change approved effective 7/1.

Exceptions are Birth, Birth plus, Adoption, Placement and Placement for Adoption plus, which are effective on the date of the event; and National Medical Support Notices which are effective on the 1st day of the month after notice date.

- ☐ Birth newborn only (60 days)
- ☐ Birth plus other dependents (35 days)
- ☐ Adoption*/ Placement for Adoption* (60 days)
- ☐ Adoption*/ Placement for Adoption* plus other dependents (35 days)
- ☐ Legal guardianship*, Administrative Order*, or court order* pertaining to health insurance+
- ☐ Marriage
- ☐ Sp/Retiree has different Open Enrollment period*+
- ☐ Sp/Dep loses other coverage*
- ☐ Sp/Dep loses KCHIP/Medicaid coverage* (60 days)
- ☐ Sp/Dep loses other government group coverage* (35 Days)
- ☐ Unmarried dependent re-establishes eligibility*
- ☐ Other

Note: SP = Spouse DEP = Dependent

*Supporting documentation required

+Refer to QE chart for rules/effective dates

Social Security Number	Name (First, MI, Last)	Gender (Circle One)	Date of Birth	Relationship Code**
		M F		
		M F		
		M F		
		M F		

** Relationship Code: SP = Spouse / CH = Child / CO = Court Ordered Dependent / DD = Disabled Dependent

I acknowledge and understand that DEI will comply with the HIPAA Rules and that disclosure of information will be done under the rules of such Federal law. I further authorize DEI to use such information to third party administrators, vendors, consultants, governmental authorities with jurisdiction and other necessary parties when necessary for my care or treatment, payment for services, the operation of my health plan, or to conduct related activities.

My signature below certifies that I understand the statements on this form and that all the information provided by me is true and complete to the best of my knowledge. I understand that any person who knowingly and with intent to defraud any insurance company or other person, files this form containing any materially false information or conceals, with the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime. I understand that any material misrepresentation or material omission contained herein may be used to void this contract.

Date _____

Signatures are required below if changes to an existing cross-reference plan are being requested.

Date _____